

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/831417
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	#	IND.	DEP.	#	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14							64									
15							65									
16							66									
17							67									
18							68									
19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.									
TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS	1	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS